



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D350-616-011**  
**Job Sheet 178120**



Part No: D350-616-011

Job Qty: 1 ea

Part Name: Full Emergency Litter



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 5/26/18

Job Tracking No:

Due Date: 6/22/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV H IPP E 03.04.04 Reformat KJ/RF IPP Rev:F 08-12-10 rev.E as per dwg DD verified by:ec IPP  
REV:G 13.05.21 AS PER DWG REV.G DD VERF:JLM IPP REV:H 16.04.19 NOW @ CHG007 DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 1 Ea  |            | 6/22/18  | 0.00      | 0.00    | Start Up Small Fab-4  |           | M.L.     |
| 101   | Small Fab          | 1 pcs |            | 6/22/18  | 0.00      | 0.65    | Small Fab-4           |           | M.L. DAS |
| 105   | QC                 | 1 pcs |            | 6/22/18  | 0.00      | 0.00    | QC5                   |           | 38       |
| 119   | Packaging          | 1 pcs |            | 6/22/18  | 0.00      | 0.00    | Packaging1-3          |           | 9-88     |
| 120   | QC                 | 1 pcs |            | 6/22/18  | 0.00      | 0.00    | QC4                   |           |          |
| 130   | Packaging          | 1 pcs |            | 6/22/18  | 0.00      | 0.00    | Packaging3-1          |           |          |
| 135   | DC                 | 1 pcs |            | 6/22/18  | 0.00      | 0.00    | DC                    |           |          |
| 140   | QC21-FG            | 1 Ea  |            | 6/22/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op 101 - 1- Assemble as per Dwg D2370 2- Transfer drill using D4812-041 as template and open to size 0.250" as per Dwg  
Descriptions: D2370 AND DT9935 DRILL JIG 3- Ensure fit of D4812-041 and remove for shipping \*\*\*D4812-041 MUST STAY WITH  
LITTER FRAME\*\*\* 4- Deburr  
130 - Identify and pack for shipping as per PPP D350-616-011 Location: F9034 PPP Rev: \_\_\_\_\_  
135 - Photocopy bluefile and create labels per PPP D350-616-011 CHG007

### Job BOM

| Part / Item  | Component Name        | Quantity    | Operation             | Container |
|--------------|-----------------------|-------------|-----------------------|-----------|
| D2370-1      | Litter Frame Assembly | 1 Ea (1 ea) | 90-Start up Operation | 5056671   |
| D4812-041    | Patient Stop Assembly | 1 Ea (1 ea) | 90-Start up Operation | 5057951   |
| D350-616-013 | Deck Plate & Tie Down | 1 Ea (1 ea) | 119-Packaging         | 5070637   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2370-1        | 1        | 2         | 0         |
|                       | D4812-041      | 1        | 3         | 0         |
| 119-Packaging         | D350-616-013   | 1        | 1         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Pow <input type="checkbox"/><br/>             Folic <input type="checkbox"/><br/>             Grai <input type="checkbox"/><br/>             Wel <input type="checkbox"/><br/>             Wrc <input type="checkbox"/><br/>             Out <input type="checkbox"/><br/>             Off- <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> </div> |                       |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |  |

Container No: S076638  
 Part: D350 - 616 - 011  
 Job No: 178120  
 Serial No/Batch: S076638  
 Revision:  
 Inspector:  
 Exp Date: 05/31/2018  
 Instructions:



Dart Aerospace Ltd.  
 12710 Aberdeen Street  
 Haverhill, ON K6A 1K7  
 CANADA  
 Tel: 513 632-6200  
 Email: sales@dartaero.com  
 www.dartaerospace.com